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CONFIRMATION NO. 7430

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/804,857                                                                                                                                                                                                                                                                                                                                                | <b>FILING OR 371(c) DATE</b><br>03/19/2004<br><b>RULE</b>                                                         | <b>CLASS</b><br>455           | <b>GROUP ART UNIT</b><br>2617                                                                                                                                                                                                                                                   | <b>ATTORNEY DOCKET NO.</b><br>022228-000100US |                                |
| <b>APPLICANTS</b><br>Jamshid Parivash, Los Altos, CA;<br><b>** CONTINUING DATA *****</b> <i>No, SR.</i><br><b>** FOREIGN APPLICATIONS *****</b> <i>No, SR.</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 06/01/2004</b>                                                                                                                    |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                               |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance <i>SR.</i><br>Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials |                                                                                                                   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>4                                                                                                                                                                                                                                                      | <b>TOTAL CLAIMS</b><br>19                     | <b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>20350                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                               |                                |
| <b>TITLE</b><br>Integrated detachable PDA and cellular phone                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                               |                                |
| <b>FILING FEE RECEIVED</b><br>579                                                                                                                                                                                                                                                                                                                                                 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                               |                                |